

Registration District No. **1085**

Primary Registration District No. **2435**

1. PLACE OF DEATH:

(a) County **Muhlenberg**  
(b) City or town **Central City, Ky.**  
(c) Name of hospital or institution:  
(If outside city or town limits, write RURAL)

(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Ky.** (b) County **Muhl.**  
(c) City or town **Central City**  
(If outside city or town limits, write RURAL)

(d) Street No. \_\_\_\_\_  
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME **Henry Martin Junior**

3(b) If veteran,  
Name war \_\_\_\_\_

3(c) Social Security  
No. \_\_\_\_\_

4. Sex **M**

5. Color or  
race **Colored**

6(a) Single, widowed, married,  
divorced

6(b) Name of husband or wife \_\_\_\_\_

6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased: **February 18 1942**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **Kentucky**

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

FATHER

12. Name **Henry Martin**  
13. Birthplace **Ky.**

MOTHER

14. Maiden name **Tommie D. Wimbury**  
15. Birthplace **Ky.**

16(a) Informant's own signature **Henry Martin**

(b) Address **Central City, Ky.**

17. BURIAL, CREMATION, OR REPOSIT

Place **Crown Point Cemetery, Wash** Date **11-28-42**

18(a) Signature of funeral director **Stucker Funeral Home**

(b) Address **Central City, Ky.**

19(a) **November 1, 1942** (b) **D. R. Sandford**  
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH **October 29 1942**

21. I hereby certify that I attended the deceased from **Oct 19 1942**  
to **Oct 29 1942** that I last saw him alive on  
**Oct 27 1942** and that death occurred on the date  
stated above at **12:30 A.M.**

Immediate cause of death **Pneumonia**  
**Pneumonia**

DURATION

**2 weeks**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **107**

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature **J. H. Harkness**  
**Central City, Ky.** (M. D. or other)  
Address **Central City, Ky.** Date signed **10-30-42**

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.